

**Bill Summary**  
2<sup>nd</sup> Session of the 60<sup>th</sup> Legislature

<b>Bill No.:</b>	<b>SB 1953</b>
<b>Version:</b>	<b>INT</b>
<b>Request No.</b>	<b>3071</b>
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**Bill Analysis**

SB 1953 creates the Employer Health Plan Transparency Act. The measure provides that no regulated health plan shall enter into a contract with a health insurance issuer or covered service provider to reimburse any of the costs of health care services to the regulated health plan's employees or their dependents unless the contract or arrangement provides the regulated health plan access to all claims and encounter information or data. The plan must also provide access to all documentation supporting claim payments. Such contracts may not a regulated health plan from accessing all claims and encounter information or data of its employees or their dependents more than 15 days from the date of a request no may such contracts limit the volume of claims and encounter information.

Such contracts must provide full disclosure of the payment arrangements of the health insurance issuer and may not limit a regulated health plan's right to select an auditor to review auditable materials. The measure further requires all health insurance issuers or covered service providers and a regulated health plan to provide disclosures of all calculation formulas, pricing methodologies, and other information used to determine the value of reimbursements. The measure requires information provided to be compliant with the provisions of Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules and regulations. The measure authorizes the Insurance Commissioner to assess a civil penalty of up to \$10,000.00 per day, per violation of any health insurance issuer or covered service provider for violations.

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